

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPL. NO. 08/077863

FLYING DATE

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/							
2	/		/							
3	/		/							
4	/		/							
5	/		/							
6	/		/							
7	/		/							
8	/		/							
9	/		/							
10	/		/							
11	/		/							
12	/		/							
13	/		/							
14	/		/							
15	/		/							
16	/		/							
17	/		/							
18	/		/							
19	/		/							
20	/		/							
21	/		/							
22	/		/							
23	/		/							
24	/		/							
25	/		/							
26	/		/							
27	/		/							
28	/		/							
29	/		/							
30	/		/							
31	/		/							
32	/		/							
33	/		/							
34	/		/							
35	/		/							
36	/		/							
37	/		/							
38	/		/							
39	/		/							
40	/		/							
41	/		/							
42	/		/							
43	/		/							
44	2									
45	0		(b)							
46										
47										
48										
49										
50										
TOTAL IND.	/		/							
TOTAL DEP.	61		114							
TOTAL CLAIMS	61		114							

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 244,863  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
16	/						66		
17	/						67		
18	<del>1</del>						68		
19	/						69		
20	/						70		
21	/						71		
22	/						72		
23	/						73		
24	/						74		
25	/						75		
26	/						76		
27	/						77		
28	/						78		
29	/						79		
30	/						80		
31	/						81		
32	/						82		
33	/						83		
34	/						84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40	/						90		
41	/						91		
42	(1)						92		
43	(1)						93		
44	(1)						94		
45	(1)						95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	43	←	←	←	←	←	TOTAL DEP.	←	←
IS	44						TOTAL CLAIMS		